

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-family: monospace; font-size: 1.2em;">09780724</div>	FILING DATE <div style="font-family: monospace; font-size: 1.2em;">02-09-01</div>				
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8	1						58					
9		1					59					
10		1					60					
11	1						61					
12	1						62					
13		1					63					
14		1					64					
15	1						65					
16							66					
17							67					
18							68					
19							69					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	10						TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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